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**FACSIMILE TRANSMISSION**

DATE: February 24, 2006

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Name	Fax Number	Phone Number
Cam-Linh T. Nguyen - Unit 2171 United States Patent and Trademark Office	(571) 273-8300	(571) 272-2100

FROM: Shahpar Shahpar

PHONE: 602-382-6306

MESSAGE:

Attached is our Response to Office Action dated October 24, 2005 for Serial No. 09/872,499

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ORIGINAL DOCUMENT: Will not be sent

NUMBER OF PAGES (Including Cover):

11

CONFIRMATION NO.:

CLIENT MATTER NO.: 29288.1000

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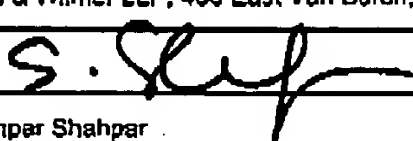
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/872,499
	Filing Date	June 1, 2001
	First Named Inventor	Tadanori Izumi
	Art Unit	2171
	Examiner Name	Cam-Linh T. Nguyen
Total Number of Pages in This Submission	Attorney Docket Number	29288.1000

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Snell & Wilmer LLP, 400 East Van Buren, Phoenix, Arizona 85004-2202		
Signature			
Printed name	Shahpar Shahpar		
Date	February 24, 2006	Reg. No.	45,875

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Sheila Bowman	Date	February 24, 2006

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

## FEE TRANSMITTAL

### For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	120.00
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**Complete If Known**

Application Number	09/872,499
Filing Date	June 1, 2001
First Named Inventor	Tadanori Izumi
Examiner Name	Cam-Linh T. Nguyen
Art Unit	2171
Attorney Docket No.	29288.1000

**METHOD OF PAYMENT (check all that apply)**
☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   Deposit Account Number: 19-2814   Deposit Account Name: Snell & Wilmer LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

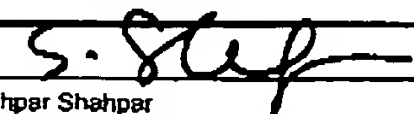
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1-month extension**Fees Paid (\$)**

120.00

**SUBMITTED BY**

Signature 	Registration No. (Attorney/Agent) 45,875	Telephone (802) 382-6308
Name (Print/Type) Shahpar Shahpar	Date February 24, 2006	

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Date:

Feb. 24, 2006

By:

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PATENT

Inventor(s):	Tadanori IZUMI	Docket No.:	29288.1000
Applicant:	NIHON INTERSYSTEMS CO., LTD.		
Serial No.:	09/872,499	Filing Date:	June 1, 2001
		Examiner:	Cam-Linh T. Nguyen
TITLE:	AUTOMATIC AGGREGATION METHOD, AUTOMATIC AGGREGATION APPARATUS, AND RECORDING MEDIUM HAVING AUTOMATIC AGGREGATION PROGRAM	Art Unit:	2171

RESPONSE TO OFFICE ACTION UNDER 37 C.F.R. §1.111

Commissioner for Patents  
Mail Stop AF  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Honorable Commissioner:

In reply to the Office Action mailed on October 24, 2005, please consider the following amendments and remarks. This Response is being timely filed within 4 months of the mailing date of the Office Action, so that a 1 month extension fee applies.

02/27/2006 NNGUYEN1 00000003 192814 09872499

01 FC:1251 120.00 DA

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